

December 20, 1999

INSTALLATION AND USE OF THE VISTA PRIMARY CARE MANAGEMENT MODULE (PCMM) PHASE II

1. PURPOSE: This VHA Directive mandates the immediate installation and use of the Veterans Health Information Systems and Technology Architecture (VISTA) Primary Care Management Module (PCMM) Phase II which was distributed to all facilities September 28, 1999. It provides guidance on the assignment of Primary Care Providers (PCPs) and Associate Providers (APs) using the PCMM Phase II (patch SD*5.3*177).

2. BACKGROUND

a. The Primary Care Management Module assists facilities in implementing and managing primary care activities. It allows users to set up and define a team, assign staff to positions within the team, assign patients to the team and assign patients to practitioners. The PCP and primary care team information captured in PCMM are stored at the Austin Automation Center (AAC) and will be used for national reporting and performance measures.

b. Phase II enhancements of PCMM provide for:

- (1) Assignment of APs,
- (2) Transmission of Primary Care Data (PCP, AP, assignment date and additional information to the National Patient Care Database (NPCD)), and,
- (3) New and enhanced reports to assist with PCMM management.

c. Training materials are available on the use of PCMM II.

(1) Phase II training materials (e.g., Implementation Guide, PCMM Technical Manuals, Release Notes, and User Manuals) are available for download on the Department of Veterans Affairs' (VA) intranet at the web address, <http://vaww.vistau.med.va.gov/vistau/pcmm/pcmm.htm>. The Implementation Guide, Release Notes, and User Guides are also available on the Technical Services web page at <http://152.127.1.95/softserv/mip/wr/pcmm/pcmm.htm>.

(2) Phase II training materials, including an interactive CD-ROM and two pamphlets, were sent to PCMM Coordinators as well as through normal distribution December 6, 1999.

3. POLICY: It is VHA policy that the:

a. The PCMM VISTA package will be used to create VHA's national database of patient assignment to primary care and associate providers. The installation and use of Phase II will begin upon receipt of Patch SD*5.3*177 released September 28, 1999.

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b. Primary Care Business Rules (see Att. A), developed by Chief Information Office Technical Services and agreed to by the Practice Management Advisory Board, will be used in implementing PCMM Phase II.

4. ACTION: Each facility will:

a. Install PCMM and all subsequent patches.

b. Load the most recent scheduling patch, SD*5.3*177 released in September 1999. This patch allows assignment of APs and Preceptors in addition to PCPs. Data will be transmitted to the Ambulatory Care transmission to the NPCD at the Austin Automation Center.

c. Assign patients to a PCP, as defined in this directive, using the VISTA PCMM package. APs and Preceptors will be assigned as appropriate.

(1) A PCP is a single provider, supported by a team, who is assigned responsibility for managing the healthcare of discrete populations (panels) of patients.

(a) Staff Physicians are always designated as the PCP for their assigned patients.

(b) Nurse Practitioners (NPs) and Physician Assistants (PAs) may serve as PCPs when their scope of practice or locally-established privileges encompasses the skills and responsibilities required to provide primary care for the patient.

(c) All patients should have a PCP designated in PCMM; however, at the present time, PCMM allows only assignment of VA Care Providers. When patients receive primary care outside of VA facilities, a non-VA provider cannot be designated as a PCP in PCMM.

(d) If a patient assigned a PCP at one VA medical center desires a new PCP at an alternate site, the VA medical center assigning the new PCP in PCMM must notify and coordinate the transfer of primary care responsibility.

(2) APs are individuals who are not authorized to act independently by their scope of practice or locally-established privileges. An AP must have a PCP as a Preceptor while providing primary care.

(a) All Physician Residents who are not board-certifiable are designated as APs.

(b) A PA or NP will be designated as an AP when providing primary care to the patient involves skills or responsibilities not included in their scope of practice or locally-established privileges.

(3) PAs and NPs may serve as PCPs for some patients and as APs for other patients. The determining factor will be if the skills and responsibilities required to provide primary care to the patient are included in the scope of practice or locally-established privileges.

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(4) The Preceptor must be a PCP who is the ultimate responsible person for the care provided the patient. PAs and NPs may serve as a Preceptor when they are the designated PCP for the patient.

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITY: The Office of Primary and Ambulatory Care (112) is responsible for the contents of this directive.

7. RESCISSIONS: VHA Directive 98-048 is rescinded. This VHA Directive will expire December 31, 2004.

S/ by Frances Murphy, M.D. for
Thomas L. Garthwaite, M.D.
Acting Under Secretary for Health

Attachment

DISTRIBUTION: CO: E-mailed 12/20/1999
FLD: VISN, MA, DO, OC, OCRO, and 200 - FAX 12/20/1999
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ATTACHMENT A

PRIMARY CARE BUSINESS RULES FOR USE WITH PCMM PHASE II

The following Primary Care Business Rules, developed by Chief Information Office Technical Services and agreed to by the Practice Management Advisory Board, will be used in implementing PCMM Phase II.

1. A Primary Care Provider (PCP) is a single provider, supported by a team, who is assigned responsibility for managing the healthcare of discrete populations (panels) of patients. A PCP may be a Staff Physician, Nurse Practitioner, or Physician Assistant.
2. An Associate Provider (AP) is a Resident, Physician Assistant, or Nurse Practitioner.
3. A patient cannot have more than one PCP.
4. A PCP is authorized to provide primary care and can act as a Preceptor. A Preceptor is a PCP who oversees the activities of an Associate Provider. The Preceptor is the ultimate responsible person for the patient care provided.
5. An AP is authorized to provide primary care, but cannot act as a Preceptor.
6. A Staff Physician is never an AP.
7. A Physician Assistant and a Nurse Practitioner can be either a PCP or an AP; however, they cannot be both for the same patient.
8. All resident Physicians who are not board-certifiable are designated as APs..
9. An AP must have a Preceptor link to a PCP. An AP is not authorized to act independently.
10. If a position has a Preceptor assigned, that position cannot be a Primary Care Provider or precept over another position. This position can and should be marked "can provide primary care" in PCMM.
11. If a position is marked as "can provide primary care", the Preceptor assigned to this position must also have "can provide primary care" marked.
12. A primary care patient assignment cannot be made to an AP who does not have a Preceptor assigned.
13. If "can act as a Preceptor on primary care team" is marked, then "can provide primary care" must also be marked.
14. On a primary care team, a provider must be able to provide primary care to be a Preceptor.
15. Establishing a Preceptor link will report the AP and the PCP as active staff members in those positions.

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16. When attempting to remove a PCP Preceptor link from an AP, the software will check for patient assignments. If there are patient assignments, the user will not be allowed to leave the Preceptor link empty (blank). If there are no patient assignments, the Preceptor link may be removed. Once a Preceptor link is removed, the AP does not become the PCP, as the AP is not authorized to be the PCP.

17. Assignments are valid until the end of the day. This allows for the enforcement of the rule that a patient cannot have more than one PCP on a given day.